WAYNE COUNTY COMMISSIONER JR. HIGH FOOTBALL CAMP REGISTRATION FORM FOR BOYS ENTERING GRADES 4-9

NAME					
(PLE	ASE PRINT ALL INFORMAT	ION)			
ADDRESS	CITY		STATE	ZIP CODE_	
AGE: HEIGHT:	WEIGHT:	FOOTBALL	POSITION: Off:	Def:	
SCHOOL:	ENTERING	GRADE:	T-SHIRT SIZE: \	Youth	_Adult
PARENT/GUARDIAN NAME:					
HOME PHONE:	WORK PHONE:		_ CELL PHONE:_		
EMAIL ADDRESS:					
PARENT/GUARDIAN SIGNATURE:			DATE:		
PARTICIPANT'S SIGNATURE:			DATE:		
MAIL COMPLETED REGISTRATION TO Honesdale Football Club c/o Coach Jurkowski 24 Blue Moon Lane Honesdale, Pa 18431 .MAKE CHECKS PAYABLE TO: HO			DAY JULY 20, 2	<u>015</u>	

**WALK-UP REGISTRATIONS ARE AVAILABLE BUT T-SHIRTS MAY NOT BE AVAILABLE **